

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7802

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 5134		Registrar's No. 476	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph, Rural			
d. FULL NAME OF HOSPITAL OR INSTITUTION Washington Hosp. R.R. #6.				d. STREET ADDRESS (If rural, give location) R.R. # 6.			
3. NAME OF DECEASED (Type or Print) a. (First) Victor b. (Middle) Hadley c. (Last) Hadley				4. DATE OF DEATH (Month) (Day) (Year) Mar. 29, 1950			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Jan. 16, 1893	
9. AGE (In years last birthday) 57		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister		11. BIRTHPLACE (State or foreign country) Cabool, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Ephram Hadley				13b. MOTHER'S MAIDEN NAME Isabelle Montgomery		14. NAME OF HUSBAND OR WIFE Alice Hadley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Alice Hadley, RR#6, St. Joseph, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Coronary Sclerosis DUE TO (c) Chronic Valvular insufficiency II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Man died suddenly in his bed in his home without leaving recent serious illness. He is known to have had a Chronic Coronary sclerosis			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/30 1950, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:30 A. M., from the causes and on the date stated above.							
23a. SIGNATURE H. F. Mundy M.D. (Degree or title)				23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 3/30/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/30/50		24c. NAME OF CEMETERY OR CREMATORY Freeman Chapel		24d. LOCATION (City, town, or county) (State) Buchanan County Mo.	
DATE REC'D BY LOCAL REG. April 6, 1950		REGISTRAR'S SIGNATURE E. C. Jenkins		25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Dawson Funeral Home		ADDRESS St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

W. H. F. Macomber

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. 363

working under my personal supervision.

Signed Vern. G. Johnson
Student Embalmer

Signed William Spalding

Licensed Embalmer No. 4535

P. O. Address 319 S. 11th St. Wash. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.